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95 MAY -1 PM 1:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000063598 (4)

1. Corporation Name
WOMEN'S & CHILDREN'S CENTERS OF FLORIDA, INC.

JAN 13 1995

Principal Place of Business Mailing Address

2628 CROASDAILE DRIVE
DURHAM NC 27705

~~SECRETARY OF STATE~~ CITY
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	Suite, Apt #, etc	26	Attn: Tax Department	08/25/1994	Initial Report
22	City & State	27	P.O. Box 15309	4. FEI Number	Applied For
23	Zip	28	Durham, NC	56-1888615	Not Applicable
24	Country	29	27704	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25		30		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added in Fees
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

9. Name and Address of Current Registered Agent				10. Name and Address of Now Registered Agent	
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				85	Zip Code
				FL	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11.1 TITLE		11.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
11.2 NAME		11.2 NAME	Birch, Walter
11.3 STREET ADDRESS		11.3 STREET ADDRESS	2400 E. Commercial Blvd., Ste. 315
11.4 CITY, ST, ZIP		11.4 CITY, ST, ZIP	Ft. Lauderdale, FL 33308
11.5 TITLE		11.5 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
11.6 NAME		11.6 NAME	Hardister, Shawn
11.7 STREET ADDRESS		11.7 STREET ADDRESS	2400 E. Commercial Blvd., Ste. 315
11.8 CITY, ST, ZIP		11.8 CITY, ST, ZIP	Ft. Lauderdale, FL 33308
11.9 TITLE		11.9 TITLE	ST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
11.10 NAME		11.10 NAME	Pulliam, Sherry
11.11 STREET ADDRESS		11.11 STREET ADDRESS	2400 E. Commercial Blvd., Ste. 315
11.12 CITY, ST, ZIP		11.12 CITY, ST, ZIP	Ft. Lauderdale, FL 33308
11.13 TITLE		11.13 TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
11.14 NAME		11.14 NAME	Snedeker, Angela M.
11.15 STREET ADDRESS		11.15 STREET ADDRESS	2828 Croasdaile Dr.
11.16 CITY, ST, ZIP		11.16 CITY, ST, ZIP	Durham, NC 27705
11.17 TITLE		11.17 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.18 NAME		11.18 NAME	
11.19 STREET ADDRESS		11.19 STREET ADDRESS	
11.20 CITY, ST, ZIP		11.20 CITY, ST, ZIP	
11.21 TITLE		11.21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.22 NAME		11.22 NAME	
11.23 STREET ADDRESS		11.23 STREET ADDRESS	
11.24 CITY, ST, ZIP		11.24 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and it does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. That I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: *Angela M. Snedeker* Angela M. Snedeker 4-28-95 919-383-0355

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR